MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/ 56549/
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS F	ILED	AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT		CLAIMS	AS FILED		AFTER		AFTER 2 MAMENDMENT	
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